

PENDING HEALTH LEGISLATION

by the Honorable John E. Fogarty

You will, I am sure, forgive me if I don't start off by devoting several minutes to telling you of my deep personal concern with our national health problems. I am sure that you already know where I stand on that subject and where my interests--and my responsibilities--lie.

I am not going to launch into a philosophical speech about our long-term national health needs. I will save that for another time. Today I want to talk to you about some specific pieces of pending or proposed legislation. That, I understand, is what you want me to do.

I am glad to have an opportunity to talk about these legislative matters to this particular group because we have very important common interests and responsibilities. You are concerned about health service legislation because you are personally involved in providing the service. I am concerned because I am involved in providing the legislation. Both of us are concerned because our respective responsibilities directly affect the health of the American people. It is therefore important that we understand each other so that we may better work together towards what must be our common goals.

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These goals reflect a wide range of needs on which we are making uneven progress. This is, I think, inevitable and it does not worry me. One usually can't do everything one wants to do, or should do, all at once. But in our enthusiasm for satisfying one need we must not forget or ignore the others.

During the past ten years we have greatly expanded our national commitment to medical research and to training that is primarily focused on careers in research. I am proud of the role I have been able to play in providing for this expansion. I believe that Federal support for research should continue to expand and I expect to play some part in seeing that it does. Research is the necessary foundation for all our other efforts to make significant improvements in medical care.

But a foundation--however well-laid it may be--doesn't make a house. Having laid the foundation, we must take the next step which is to build up our national capacity for putting what is learned through research into practice and for making it readily available throughout the country.

I am not suggesting that the results of our heavy national investment in research are buried in laboratory notebooks or lie unread on shelves full of scientific journals. But I am suggesting that whether the medical service available to an individual patient includes the best that medical science has to offer depends far too much on where the patient happens to live. And usually it also depends far too much on how much money he has in the bank.

The new Regional Medical Programs, which the Congress authorized last year, are designed to overcome the geographic inequalities in medical service. They are also intended to create the means--through local initiative and planning but with Federal financial support--for providing a more direct link between the medical schools and the research community, on the one hand, and the hospitals and practicing physicians, on the other.

Medicare, as you know, is an important first step in overcoming the economic inequalities that prevent so many of our people, even in large metropolitan centers, from receiving the full benefit of what modern medicine has to offer.

The steps that can be taken to make the best possible medical service more readily accessible and more generally available, however, will not be fully effective unless the public takes full advantage of them.

I am told that thousands of deaths from cancer of the womb could be prevented each year if women would take advantage of the early diagnosis made possible by the "Pap smear" which was developed at least twenty years ago. Ignorance of the test's existence and, among those who have at least heard of it, fear of a positive diagnosis are probably partly responsible for this tragic situation. But I suspect that in all too many cases the pressures on the family budget keep women from going to the doctor as soon as they should.

The economic factor is strikingly illustrated by the history of polio epidemics. A year after the Salk vaccine became generally available, in 1955, there was a polio epidemic in Chicago which resulted in 1,200 cases. The significant fact was that the epidemic was confined to the slum areas where few children had yet received the new polio vaccine. The higher-income suburban areas of Chicago were almost completely immune. Polio epidemics in other cities in subsequent years also showed that polio had become a disease largely confined to unvaccinated children in our slums. I am sorry to have to admit that there were enough unvaccinated children in Providence, Rhode Island in 1960--that is, five years after the vaccine became available--to permit a substantial outbreak of the disease.

There is evidence that the eradication of measles, made possible by the new vaccines recently licensed, will follow the same pattern--with the result that the children of those least able to afford medical service will suffer brain and heart damage, the hearing defects and eye troubles that can follow in the wake of measles. But I am happy to say that this will not be true in Rhode Island. Early this year Rhode Island conducted an intensive 'end measles' campaign that attracted national attention. In fact, the small Rhode Island town of Burrillville was the first community in the country to conduct a community-wide measles clinic. That clinic--the first of a series--was held in 1963. Coverage was so effective that during the 1965 measles epidemic, when more than 2,000 cases were reported in Rhode Island, Burrillville had only 4 cases. I am especially proud of Burrillville's pioneering effort because my sister, Margaret Fogarty, is supervisor of the Burrillville-Glocester District Nursing Association which played a major role in conducting the community clinics.

Overcoming unnecessary delays in the application of new vaccines to the eradication of a disease is primarily a task for the local public health services. But the Federal Government has, I think, an obligation to help. Some work is already being done. The Office of Economic Opportunity, for example, operates neighborhood health centers in some of our large cities as part of its broad attack on the blight of poverty. In conjunction with this effort, that agency, through contracts with the U.S. Public Health Service, has also launched a training program for health aides in urban areas. The Public Health Service itself, which is now in process of being reorganized, may also be expected to play a more vigorous role than it has in the past in helping local authorities to deal with major health problems.

A major step towards broader Federal assistance to nonfederal health services is proposed in a bill (S. 3008) entitled, "Comprehensive Health Planning and Public Health Services Amendments of 1966" which was introduced by Senator Lister Hill, the distinguished Chairman of the Senate's Subcommittee on Health. The bill is designed to broaden and strengthen State and community planning for health and provides for grants to States for the development of comprehensive public health services.

The bill provides for allotments for health planning purposes to States which have set up a single State agency for health planning and have established a State health planning council. It also provides for grants for area-wide health planning; for training, studies and demonstrations; for establishing and maintaining adequate public health services, including the training of personnel for State and local health work; and for health service development by public or non-profit private agencies.

The preamble of the bill states that it is based on the premise "that Federal financial assistance must be directed to support the marshalling of all health resources--national, State, and local--to assure comprehensive health services of high quality for every person".

There can be little argument about the need for more effective health planning in most States. Experience in other areas of public concern has shown that national action on a problem of national importance, for which the primary responsibility rests with State and local governments, can be most readily achieved by making substantial Federal assistance available.

I can heartily endorse the objectives of S. 3001--which my colleague, Mr. Staggers has introduced in the House as H.R. 13197--but I have some reservations about its probable effect on related Federal-State programs such as the Hill-Burton hospital construction program, the mental health planning and community activities, and on the Regional Medical Programs. The newly-launched Regional Medical Programs, aimed at extending new knowledge concerning heart disease, cancer, and stroke to the practice of medicine generally, are meant, as the name suggests, to serve geographic areas extending beyond individual States. While most of the initial applications for planning grants for the Regional Medical Programs are confined to single States, some applications are for larger regions and it is expected that a number of future applications will cut across State lines. There may also be some difficulty in reconciling a single,

comprehensive State approach with the categorical pattern of most of the health research and training programs and of the follow-up and demonstration programs.

I see no insurmountable obstacles in this regard but I see enough complications to warrant a cautious approach to the program outlined in Senate Bill 3008. I think that we must be careful not to weaken or seriously disturb the well-running and productive Federal research, training, demonstration and planning programs that already exist in an effort to stimulate and assist more vigorous and comprehensive action by State and local governments.

The preamble of S. 3008 also states that it is part of our national purpose to assure every person "an environment which contributes positively to healthful individual and family living".

This environmental and family aspect of healthful living is something which we have tended to ignore when we speak of health problems-- despite the unarguable fact that the conditions under which a person lives have a major influence on both his physical and mental health. You know better than I how often health problems are caused and how often all attempts at medical treatment are defeated by conditions in the patient's home or work. At no time of life is this more dramatically-- and, all too often, tragically--true than during childhood.

Of all the important tasks that confront us, I believe that none offers a greater opportunity for making a major contribution to our national welfare than a more concerted effort on behalf of children.

The child we help today will be the healthy, stable and productive citizen of tomorrow. The child we fail to help--for whatever reason--will remain to haunt us. The children who have to be cared for in institutions for the maimed and defective, the children with psychiatric problems who eventually find their way into penal institutions, or the many more children who, as a result of physical or mental infirmities will spend their entire lives in the back-waters of our society, are tragic evidence of the job that remains to be done. They are also a serious indictment of our present efforts.

There are tremendous gaps in Federal programs designed to help children. The Federal Government has long accepted responsibility for substantial help to the aged, the disabled, the widowed, the blind, the sick, and the child living in his own family when he is in financial need as the result of parental inability to care for him. But the Federal Government offers no help to children who suffer neglect or abuse as a result of family disorganization and breakdown.

I therefore introduced a bill on August 2 to strengthen and expand the Federal program providing child welfare services authorized by Title V., Part 3 of the Social Security Act. Last year public welfare agencies spent a little over \$350 million--of which the Federal Government contributed less than 10 percent--for all child-welfare services. More than 530,000 children were receiving these services; more than 280,000 lived in foster homes or institutions for dependent children. There is no figure for the children who were desperately in need of but were not

getting any help. All I can tell you is that last year one-third of the counties in this country did not have full-time public child-welfare services. Any welfare worker in any moderately large city will tell you that the services that are available are wholly inadequate to the need. In addition to funds for services and facilities, there is an urgent need for more trained personnel. A conservative estimate is that by 1970 an additional 10,000 child-welfare workers will be needed. This is almost double the number now employed.

The bill I have introduced would provide Federal help to State public welfare agencies to meet the costs of child-welfare services, and provide special grants for developing new and much needed child-welfare resources. Payments would be on a variable matching basis, according to a State's per capita income, with the Federal contribution ranging from 50 percent to 83 percent.

I have also introduced a bill entitled "The Handicapped Child Benefit and Education Act". I am convinced that a national policy and Federal assistance for dealing with the special needs of all handicapped children is long overdue. I believe that the programs we have set up to help the blind, the deaf and the mentally retarded--and I think I can fairly take credit for getting several of these programs started--should now be expanded to serve all handicapped children. Particular emphasis should be given to the early identification of the handicapped so that the child will have the best chance of benefiting from remedial

action or compensatory training. The bill will provide financial aid to States for the education and training of the handicapped and will establish a separate bureau in the U.S. Office of Education, and a National Advisory Commission to advise the Secretary of Health, Education, and Welfare.

Another children's problem about which I am much concerned was recently described in your excellent lay periodical, Today's Health. The article was entitled, "What Our Kids Don't Know About Health."

The article reported the results of a survey of almost 18,000 children in 38 States which showed that sixth-graders, for example, could answer correctly only about half of the simple health questions put to them. Ninth-graders missed a third of the 100 test questions, and even high school seniors gave wrong answers to a surprising number of elementary questions.

The report by the New York Health Research Council that fully half of the students at Brooklyn College thought that venereal diseases are caught from water, food, knives, toilet seats, door knobs, drinking fountains, or by lifting heavy objects is almost too absurd to be believed.

There is, however, something seriously wrong with health education in the schools when 72 percent of sophomore high school girls believe that diabetes is caused by eating too much sugar and 62 percent believe that a laxative is the proper cure for a stomach ache.

In fairness to the youngsters, I should, perhaps, remind you that American adults also showed an amazing array of misconceptions when responding to the health quiz broadcast earlier this year by one of the television networks.

It seems to me that the Federal Government should offer some help to improve health education in our schools. I have therefore introduced two bills this week for this purpose. One would make school health educators eligible for traineeships under the Public Health Service Act. The other would include personnel engaged in health education in the training institutes conducted under the National Defense Education Act.

The pending health legislation that is probably of the most direct interest to you is the Allied Health Professions Personnel Training Act of 1966. This bill (H.R. 13196) was passed by the House on June 16 by a record vote of 364 yeas, with none opposed. The Senate is expected to act on it shortly.

The object of this bill is to extend the effectiveness of physicians by making the services of allied professional and technical workers more readily available. There is clearly an urgent national need for greater numbers of medical technologists, dietitians, physical therapists, X-ray technicians, hospital administrators, medical illustrators, dental hygienists, and nutritionists.

The bill, as passed by the House, seeks to meet this need by providing grants for the construction of teaching facilities; grants to schools for educational improvement; traineeships to help prepare teachers, supervisors and other personnel in specialized practice; and project grants to develop, demonstrate, or evaluate curricula for training new types of health technologists.

In 1963 about 5,000 graduates received bachelor degrees and about 2,000 more received advanced degrees in the various allied health professions. The three-year program proposed in H.R. 13196 would make

available an additional three to four thousand persons a year to help relieve physicians of the heavy load they now carry in meeting patient needs and providing quality care.

A review of major health bills pending in the Congress would not be complete without a mention of laboratory animal legislation. The House bill to regulate the transportation and sale of dogs and cats was amended by the Senate to include certain other animals and to set standards for the treatment of these animals in research institutions. I know that certain people in the scientific community are unhappy about this bill and I have shared some of their misgivings. However, it is not a bad bill and I am quite certain that it will in no way interfere with legitimate research. On the positive side, it will eliminate the unscrupulous animal dealers whose activities aroused so much widespread indignation that there was danger it would also sully the reputation of respectable research institutions. The standards of animal care that will be set up under the bill will have the effect of raising the priority for allocating funds for the construction of animal facilities. Passage of the bill will also ease the pressure for further animal legislation and remove the threat, at least for the next few years, of the really restrictive legislation proposed by the more extreme members of the dog and cat lobby.

To carry out the provisions of the bill that affect research institutions will require construction funds and more trained veterinarians and animal handlers. These needs will probably have to be met by suitable

amendments to the Health Research Facilities Construction Act and the pending Allied Health Professions Training Act.

It is difficult to predict the kind of health legislation that will be proposed and enacted in the future. I think it is safe to say, however, that the American people will continue to insist on Federal support for important health measures and that the Congress will respond by providing the necessary funds and by authorizing new programs for which a national need can be clearly demonstrated.

We have passed out of the era when our main concern was to provide for a rapidly expanding research base and for a heightened attack on the solution of disease problems in the laboratory and through clinical investigations. I am not implying that support for research will be reduced or that there will be any move by the Congress to shift support from medical research to other important health activities. On the contrary, I am certain that the Congress will continue to provide for a steady and reasonable expansion of the vital research programs.

But we will, in the years to come, be equally concerned with programs designed to improve the delivery of medical services to keep pace with the progress that is already being made by the medical sciences. The legislation I have discussed today clearly fits into this new pattern of Congressional--and, I believe, national--concern. The effective evolution of Federal activities in this direction and the achievement of the desired results will obviously require the whole-hearted cooperation of all those who have dedicated themselves to the practice of medicine.

I doubt that there can ever be an armistice in the war against disease but I have no doubt whatever that, with the American medical profession manning the front lines and with the Federal Government providing logistic support, many important battles can be quickly won. As I said at the beginning of my remarks, it is essential that we work together towards that common goal.